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Bib Data Sheet

CONFIRMATION NO. 2681

SERIAL NUMBER 10/713,703	FILING DATE 11/17/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO.
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APPLICANTS

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** CONTINUING DATA ***** JFM

** FOREIGN APPLICATIONS ***** JFM

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** SMALL ENTITY **

** 02/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE

Kind of method by the network hospital of diagnosing disease and re-segmentation type with the wrist radius artery blood vessel pulsing information

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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